Florida Network for Youth and Family Services
Compliance Monitoring Report for

MOUNT BETHEL HUMAN SERVICES CORPORATION

1100 W Sunrise Boulevard
Fort Lauderdale, FL 33311

Compliance Monitoring Services Provided by

EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for Mount Bethel Human Services Corporation (MBHSC) for the FY 2019-2020 contract on December 18, 2019 at the 1100 W. Sunrise Boulevard, Fort Lauderdale, Florida location. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. MBHSC is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct non-residential services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A - Descriptions and Specifications and Section B - Delivery and Performance, and are funded with General Revenue Funds effective for July 2019 through June 30, 2020.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC and Peer Reviewers. Agency representatives from MBHSC present for the entrance interview were: Terence Washington, Director of Juvenile Programs and counselor and case manager Ronald Thimothee and Moises Hernandez, respectively. The last onsite QI visit was conducted March 11, 2019.

In general, the Reviewer found that MBHSC is not satisfactorily meeting the requirements of specific contract requirements. **MBHSC received an overall compliance rating of 66.7% as a result of compliance with eight (8) of the twelve (12) applicable indicators** of the Administrative and Fiscal Contract Monitoring Tool. One of the indicators was not applicable because the provider does not currently have inventory purchased through FNYFS funds. There are three (3) corrective actions cited and one (1) recommendation made as a result of the contract monitoring visit.

The following report represents the results of the in-depth evaluation of the provider's General Administrative performance, with all findings clearly documented. Copies of all completed tools utilized during the visit to determine these ratings will be maintained on file with the Reviewer. If any information or clarification is required, please contact Keith Carr by E-mail: keithcarr@forefrontllc.com

2019-2020 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 12-18-2019-2020

Agency Name: Mount Bethel Human Services Corporation	**Monitor Name: Marcia Tavares**
Contract Type : CINS/FINS	**Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311**
Service Description: Comprehensive Onsite Compliance Monitoring	**Site Visit Date(s): December 18, 2019**

Major Programmatic Requirements	Explain Rating: Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview; O = Observation; D = Documentation; PTV = Submitted Prior To Visit; (List Who and What)	Notes: Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
I. Administrative and Fiscal							
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	☐	☐	☒	☐	☐	The provider currently has two certified DJJ-QI Peer Reviewers: Rosby Glover and Terrance Washington. Terrance Washington participated in a QI Peer Review during the current FY.	
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. **PTV**	☐	☐	☒	☐	☐	The agency maintains a list of 15 additional contracts for FY 2019-2020. The list includes: the company, contract number, contract expiration date, and contact information. The program also maintains interagency agreements and Memorandums of Agreement (MOUs) with schools, mental health, and substance abuse providers. All of the agreements	

Agency Name: Mount Bethel Human Services Corporation	Monitor Name: Marcia Tavares
Contract Type : CINS/FINS	Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311
Service Description: Comprehensive Onsite Compliance Monitoring	Site Visit Date(s): December 18, 2019

Major Programmatic Requirements	Explain Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
						reviewed during the QI visit had current contract/agreement dates.	
Limits of Coverage a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of $100,000 per accident, $100,000 per person and $500,000 policy aggregate. Commercial General Liability with a limit of $500,000 per occurrence, and $1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of $250,000 per person; with a minimum limit for bodily injury of $500,000 per accident; with a minimum limit for property damage of $100,000 per accident and with a minimum limit for medical payments or $5,000-$10,000 per person. Florida Network is listed as payee or co-payee. **PTV**	☐	☐	☐	☒	☐	D- MBHSC provided a certificate of liability insurance that included: Commercial Liability Insurance with Western World Insurance with a limit of $1,000,000 per occurrence (exceeds minimum), and $3,000,000 policy aggregate (exceeds minimum), effective through 7/26/2020. Automobile Liability Insurance through Western World Insurance Co. with a combined single limit of 1,000,000 for each accident (exceeds minimum) effective until 7/26/2020. Workers Compensation Insurance through Associated Industries Insurance Company Inc. with a $100,000 limit per accident /per employee and $500,000 policy limit effective 10/26/2019-10/26/2020.	

Agency Name: Mount Bethel Human Services Corporation	Monitor Name: Marcia Tavares
Contract Type : CINS/FINS	Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311
Service Description: Comprehensive Onsite Compliance Monitoring	Site Visit Date(s): December 18, 2019

Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
						The Florida Network is listed on the Certificate of Liability Insurance as certificate holder.	
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). **ON SITE**	☐	☐	☒	☐	☐	During the Entrance Conference, the provider indicated that there are no outstanding corrective action item(s) cited by an external funding source.	
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. **PTV**	☐	☐	☒	☐	☐	The agency maintains accounting policies and procedures in place for: accounting principles and procedures, payroll procedures, cash receipts, cost allocations, reserves and designated funds, and budgeting. The procedures reviewed appear to be consistent with GAAP and provide for sound internal controls.	
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). **PTV**	☒	☐	☐	☐	☐	D- The Finance Manager provided a General Ledger for the CINS/FINS program for FY 2018-2019 and the period July 2019 - January 2020, as of January 31, 2020. The general ledger (GL) is structured to track all funding	**Corrective Action: 1)** Provider to review items listed as irregularities and inconsistencies noted on the general ledger and submit a response/corrective action to address the following findings:

Agency Name: Mount Bethel Human Services Corporation	Monitor Name: Marcia Tavares
Contract Type : CINS/FINS	Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311
Service Description: Comprehensive Onsite Compliance Monitoring	Site Visit Date(s): December 18, 2019

Major Programmatic Requirements	Explain Rating: Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview; O = Observation; D = Documentation; PTV = Submitted Prior To Visit; (List Who and What)	Notes: Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
						sources and there is a separate GL for the CINS/FINS program which uses a chart of accounts that includes the type of transaction, date, description, amount, and balance. Specific expenditures related to the CINS/FINS program were reviewed on the GL such as staff salaries, taxes, mileage, and other program expense. Several irregularities and inconsistencies were observed for salaries paid as well as other ledger entries noted in corrective action #1.	• Staff TW's date of hire is 1/14/19, yet first salary on GL was issued 4/3/19 • No salary was observed as issued for staff TW for pay periods 9/4, 9/18, and 10/4/19 • Salary for TW increased on 8/2/19, decreased to original amount on 8/16/19, then back to increased amount on 10/17/19 and thereafter after 3 missed pay periods stated above • No salary was recorded as issued for staff MH on 2 pay dates: 7/3/19 and 10/18/19 • Observed salary paid on GL for non-direct staff CH, HR/Data Entry Specialist, for 5-month period January – May 2019 (twice in January 2019 and once per month from February to May 2019) • Two late payments of salaries were noted in January 2019; pay date 1/1/19 was issued 1/4/19 and 1/15/19 was issued 1/16/19.

Agency Name: Mount Bethel Human Services Corporation	Monitor Name: Marcia Tavares
Contract Type : CINS/FINS	Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311
Service Description: Comprehensive Onsite Compliance Monitoring	Site Visit Date(s): December 18, 2019

Major Programmatic Requirements	Explain Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
							• Some ledger entries on the GL appeared to be allocated to unrelated expense categories e.g. ledger entries noted as My Best Buy and Mount Bethel Baptist Church. Both appeared to be listed unduplicated in more than one expense category.
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) –**ON SITE**	☐	☐	☒	☐	☐	MBHSC provided a Petty Cash policy and procedure which states a $50 request maximum amount and petty cash fund of $500. Petty cash is documented on a petty cash transaction list, petty cash reconciliation sheet, and related petty cash disbursement support (request forms and receipts). The HR/Data Specialist is the petty cash custodian.	
d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). **ON SITE**	☐	☒	☐	☐	☐	D- MBHSC provided Bank of America bank statements for July -November 2019. All of the reconciliation reports reviewed showed reconciliation within 6 weeks of receipt of the bank statement. Provider prepared a	**Recommendation: 1)** Ensure reconciliation reports are signed by two parties, the preparer and other agency authority to verify accuracy and provide approval of financial reports.

Agency Name: Mount Bethel Human Services Corporation						Monitor Name: Marcia Tavares	
Contract Type : CINS/FINS						Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311	
Service Description: Comprehensive Onsite Compliance Monitoring						Site Visit Date(s): December 18, 2019	
	Explain Rating						
Major Programmatic Requirements	**Unacceptable**	**Conditionally Unacceptable**	**Fully Met**	**Exceeded**	**Not Applicable**	**Ratings Based Upon:** I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	**Notes** **Explain Unacceptable or Conditionally Acceptable:** **(Attach Supportive Documentation)**
						Reconciliation Detail for each month listing the statement ending dates, dates reconciled, and ending balance. Beginning and ending balances of the bank statements match the same on the reconciliation reports. No signatures of approval were observed on any of the reconciliation reports showing report was approved by agency authority/second party after preparation by the Fiscal Manager.	
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over $1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. **PTV/ON SITE**	☐	☐	☐	☐	☒	**Not Applicable** Per Program Director, Mt Bethel does not have any FN inventory amounting to more than $1000	
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. **ON SITE**	☒	☐	☐	☐	☐	Documentation: Agency provided a printout of tax payment transactions made through the Electronic Federal Tax Payment System (EFTPS) for the 1st quarter 2019 through 2/25/2020. Mt. Bethel	**Corrective Action: 2)** Implement a corrective action plan to mitigate current tax delinquency by 6/30/2020.

Agency Name: Mount Bethel Human Services Corporation	Monitor Name: Marcia Tavares
Contract Type : CINS/FINS	Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311
Service Description: Comprehensive Onsite Compliance Monitoring	Site Visit Date(s): December 18, 2019

Major Programmatic Requirements	Explain Rating: Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview, O = Observation, D = Documentation, PTV = Submitted Prior To Visit (List Who and What)	Notes: Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
						currently has a payment arrangement with the IRS for repayment of delinquent taxes (2012-2015). However, it appears the agency has fallen behind on current tax payments and became delinquent since January 2019. The fiscal manager stated the agency is currently consulting with a tax consultant who is working with the IRS to ensure the agency is current by the end of the FY ending 6/30/2020.	
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. **PTV/ON SITE**	☐	☐	☒	☐	☐	Documentation: Agency provided budget to actual year-to-date reports for FY 2018-2019 and FY 2019-2020 as of December 17, 2019. The report shows actual year-to-date expenditures and budgeted amounts. A review of these documents was conducted. Reports show net surplus greater than $196k in FY2018-2019 and approximately $47k for the current year. Variances in budget are	

Agency Name: Mount Bethel Human Services Corporation	Monitor Name: Marcia Tavares
Contract Type : CINS/FINS	Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311
Service Description: Comprehensive Onsite Compliance Monitoring	Site Visit Date(s): December 18, 2019

Major Programmatic Requirements	Explain Rating: Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
						monitored on a regular basis and are discussed with the Board.	
h. A Single Audit is performed as part of the annual audit if expenses are greater than $500,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. **Obtain from FNYFS**	☒	☐	☐	☐	☐	Documentation: Financial audit conducted for year ending December 31, 2018 and 2017 was completed by KPMG LLP. A separate Management Letter requiring a Corrective Action Plan was not issued by the auditor. A letter dated July 3, 2019 stated the agency was in accordance with U.S. generally accepted accounting principles.	**Corrective Action: 3)** The agency must develop a corrective action plan to address the repetitive issue of not completing an annual financial audit within 120 days after the previous fiscal year/calendar year and ensure it is corrected by the next annual visit.

Agency Name: Mount Bethel Human Services Corporation						Monitor Name: Marcia Tavares	
Contract Type : CINS/FINS						Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311	
Service Description: Comprehensive Onsite Compliance Monitoring						Site Visit Date(s): December 18, 2019	
	Explain Rating						
Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
						As of the date of the Contract Monitoring visit, the provider had not completed the annual financial audit due by October 2019, within 120 days after 6/30/2019. This finding was also noted during the last 2 onsite visits as not meeting the contractual time frame.	
i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete documents are shredded and computer hard drives are wiped prior to discarding. **ON SITE**	☐	☐	☒	☐	☐	Documentation: Review of the following policies and procedures: Confidentiality and Privacy, Information Management, Storage, Retention, Destruction, and Transfer of Files, Personnel Records and Information, Risk Management and Insurance, Technology Users' Security Responsibilities, Mobile Devices: Use and Security, and Acceptable Use of Boys Town Technology.	

CONCLUSION

Mount Bethel Human Services Corporation has not satisfactorily met the requirements for the CINS/FINS contract as a result of compliance with eight (8) of the twelve (12) applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. One of the indicators was not applicable because the provider does not currently have inventory purchased through FNYFS funds. Consequently, t**he overall compliance rate for this contract monitoring visit is 66.7%.** There are three (3) corrective actions cited and one (1) recommendation made as a result of the contract monitoring visit. Overall, the provider is not performing satisfactorily in meeting all the fiscal and administrative terms of its contract and some of the indicators reviewed were not carried out in a manner which meets the standard as described in the report findings.

CORRECTIVE ACTIONS

Corrective Action: 1)
Review items listed as irregularities and inconsistencies noted on the general ledger and submit a response/corrective action to address the following findings:

- Staff TW's date of hire is 1/14/19, yet first salary on GL was issued 4/3/19
- No salary was observed as issued for staff TW for pay periods 9/4, 9/18, and 10/4/19
- Salary for TW increased on 8/2/19, decreased to original amount on 8/16/19, then back to increased amount on 10/17/19 and thereafter after 3 missed pay periods stated above
- No salary was recorded as issued for staff MH on 2 pay dates: 7/3/19 and 10/18/19
- Observed salary paid on GL for non-direct staff CH, HR/Data Entry Specialist, for 5-month period January – May 2019 (twice in January 2019 and once per month from February to May 2019); no payments thereafter.
- Two late payments of salaries were noted in January 2019; pay date 1/1/19 was issued 1/4/19 and 1/15/19 was issued 1/16/19.
- Some ledger entries on the GL appeared under unrelated expense categories e.g. My Best Buy and Mount Bethel Baptist Church. Both appeared unduplicated in more than one expense category

Corrective Action: 2)
Implement a corrective action plan to mitigate current tax delinquency by 6/30/2020.

Corrective Action: 3)
The agency must develop a corrective action plan to address the repetitive issue of not completing an annual financial audit within 120 days after the previous fiscal year/calendar year and ensure it is corrected by the next annual visit.

RECOMMENDATION(S)

Recommendation: 1)
Ensure reconciliation reports are signed by two parties, the preparer and other agency authority to verify accuracy and provide approval of financial reports

The provider must submit a corrective action plan to address corrective actions (1-3) cited in the corresponding section of this report. The provider's Corrective Action Plan should address the issues, corrective actions item cited, time frames and staff responsible. Responses to items cited for corrective actions are due to the Florida Network and the Florida Network Contract Manager within fourteen (14) working days of receipt of this report (See Florida Network Site for the Service Provider Corrective Action Form). The Florida Network Contract Manager will then review the response to the corrective action(s) to determine if the response adequately addresses the problem identified in the report within three (3) days. Upon approval the provider will then implement the approved measure to address the item(s) cited in the report. If the corrective action is successful in resolving the items cited in the report the contract monitor will notify the Provider in writing that the desired resolution has been achieved. Log on to the Florida Network (www.floridanetwork.org) website forms section and download the Service Provider Corrective Action Tracking Form.

The recommendation (1) is a suggestion regarding a fiscal issue observed during the review. This item has been cited as needing attention but does not necessarily require a written response.

Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Mount Bethel Human Services Corporation
Fort Lauderdale, FL

December 18, 2019

Compliance Monitoring Services Provided by

Quality Improvement Review

Mount Bethel Human Services Corp – December 18, 2019
Lead Reviewer: Marcia Tavares

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	N/A
1.07 Outreach Services	Satisfactory

Percent of indicators rated Satisfactory: 100.00%
Percent of indicators rated Limited: 0.00.%
Percent of indicators rated Failed: 0.00%

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Sexual Orientation, Gender Identity/ Expression	Satisfactory
2.09 Special Populations	Satisfactory
2.10 Stop Now and Plan (SNAP)	Satisfactory

Percent of indicators rated Satisfactory: 100.00%
Percent of indicators rated Limited: 0.00%
Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: 100.00%
Percent of indicators rated Limited: 0.00%
Percent of indicators rated Failed: 0.00%

Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.
Not Applicable	Does not apply.

Reviewer

Members

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Gabriel Medina - Department of Juvenile Justice

LaTerrance Reed – Urban League of Palm Beach

Quality Improvement Review

Mount Bethel Human Services Corp – December 18, 2019
Lead Reviewer: Marcia Tavares

Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, (3) Shelter Care, and (4) Mental Health/Health Services which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2019).

Persons Interviewed

- ☐ Chief Executive Officer
- ☒ Chief Financial Officer
- ☐ Program Coordinator
- ☐ Direct – Part time
- ☐ Volunteer
- ☐ Clinical Director
- ☐ Counselor Non-Licensed
- ☐ Advocate
- ☐ Nurse – Full time

- ☒ Executive Director
- ☒ Program Director
- ☐ Direct – Care Full time
- ☐ Direct – Care On-Call
- ☒ Intern
- ☐ Counselor Licensed
- ☒ Case Manager
- ☒ Human Resources
- ☐ Nurse – Part time

- ☐ Chief Operating Officer
- ☐ Program Manager
- 2 # Case Managers
- 0 # Program Supervisors
- 0 # Food Service Personnel
- 0 # Healthcare Staff
- 0 # Maintenance Personnel
- N/A # Other (listed by title): _____

Documents Reviewed

- ☐ Accreditation Reports
- ☒ Affidavit of Good Moral Character
- ☒ CCC Reports
- ☐ Logbooks
- ☒ Continuity of Operation Plan
- ☐ Contract Monitoring Reports
- ☐ Contract Scope of Services
- ☒ Egress Plans
- ☒ Fire Inspection Report
- ☐ Exposure Control Plan

- ☒ Table of Organization
- ☒ Fire Prevention Plan
- ☒ Grievance Process/Records
- ☐ Key Control Log
- ☒ Fire Drill Log
- ☐ Medical and Mental Health Alerts
- ☐ Precautionary Observation Logs
- ☐ Program Schedules
- ☒ Supplemental Contracts
- ☐ Telephone Logs

- ☐ Vehicle Inspection Reports
- ☐ Visitation Logs
- ☒ Youth Handbook
- 0 # Health Records
- 0 # MH/SA Records
- 2 # Personnel /Volunteer Records
- 3 # Training Records
- 5 # Youth Records (Closed)
- 5 # Youth Records (Open)
- _ # Other:

Surveys

- 1 # Youth
- 0 # Direct Care Staff
- 0 # Other: _____

Observations During Review

- ☐ Intake
- ☐ Program Activities
- ☐ Recreation
- ☐ Searches
- ☐ Security Video Tapes
- ☐ Social Skill Modeling by Staff
- ☐ Medication Administration

- ☐ Census Board
- ☒ Posting of Abuse Hotline
- ☐ Tool Inventory and Storage
- ☐ Toxic Item Inventory and Storage
- ☐ Discharge
- ☐ Treatment Team Meetings
- ☐ Youth Movement and Counts

- ☐ Staff Interactions with Youth
- ☐ Staff Supervision of Youth
- ☒ Facility and Grounds
- ☒ First Aid Kit(s)
- ☐ Group
- ☐ Meals
- ☒ Signage that all youth welcome

Comments

Additional Comments regarding observations, other important findings of interest, etc.

Strengths and Innovative Approaches

Rating Narrative

Mount Bethel Human Services Corporation (MBHSC) is a non-profit community-based corporation contracted with the Florida Network of Youth and Family Services (Florida Network) to operate Children in Need of Services/Families in Need of Services (CINS/FINS) non-residential services to youth and families in Broward County. The program is located at 1100 W. Sunrise Boulevard, Fort Lauderdale, Florida. Funding through CINS/FINS allows the agency to serve both male and female youth up to seventeen years old that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk. The agency also provides services to special populations who meet the criteria for Family and Youth Respite Aftercare Services (FYRAC) and is also contracted to provide SNAP Clinical Group and SNAP in School programs.

During the past year, MBHSC was intent to provide the best possible service to its constituents in Broward County. The agency began by hiring a new Spanish-speaking case manager to complete the existing high functioning team including a Director of Juvenile Programs (DJP), a multi-lingual (inclusive of Creole) case manager, and a data integrity officer. Another important initiative the agency wanted to accomplish was to reintroduce itself to the schools' social workers and have a greater presence in the greater Fort Lauderdale community. The program director has fulfilled those initiatives by engaging several school social workers and hosting their quarterly meeting at MBHSC. He has also attended several outreach events and meetings in hopes of reintroducing the overall work the agency does in the community. Along with key agency staff and the outreach coordinator, the program director has done a commendable job as the supervisor of the CINS/FINS Program.

The approach taken by the new team has allowed the program to increase the number of referrals, participate in more outreach events, inundate the schools with referrals and provide the potential for more youth activities. An example of one of the new approaches is the Brothers Keepers Mentoring Program at Bethune Elementary. The program started on November 1, 2019 and it's beginning to flourish. As a result of these initiatives, the Executive Director feels Mount Bethel Human Services is once again becoming the provider of choice for the community's social service needs.

Standard 1: Management Accountability

Overview

Narrative

MBHSC is under the leadership of an Executive Director, a Director of Juvenile Programs, and two case managers, one bi-lingual Spanish-speaking and one multi-lingual. One of the two Youth Care Workers was recently hired in July 2019. No current staff vacancies were reported at the time of the QI visit. The program currently has an intern serving in the capacity of the Administrative Assistant. The program has not reported any incidents, administrative review, or current external investigation for which a corrective action plan was issued.

Over the years, MBHSC has developed a systematic process for analyzing and reporting data. The DJP completes reports of aggregated data and analysis of targeted program information. The outcomes of the data analysis will serve as a means of process improvement and serve as a method of revising procedures, conducting training, or implementing corrective actions where appropriate. Review of external regulatory reports will further reflect compliance and/or corrective action implemented where appropriate. The provider has a designated Data Integrity Officer whose responsibility includes monitoring electronic data systems to ensure timely and accurate data is entered for clients and services provided into NetMIS and JJIS.

Data is reviewed monthly, quarterly, and annually. In addition, program staff convenes monthly and managers/supervisors discuss current concerns, progress, and other various topics.

The following indicators in standard 1 were rated satisfactory with exceptions:

- 1.04 –Training deficiencies were identified in the provider's policy regarding mandatory training topics not listed during the 120-day required timeframes (Adolescent Development, DJJ Skill Pro Child Abuse, and Confidentiality); Universal Precaution is required within the first 120 days but is not included on the provider's policy training list; 4 trainings to be completed in DJJ Skill Pro (Information Security, EEO, PREA, and Trauma Informed Care) are listed in the policy but not specified as DJJ Skill Pro trainings; and 3 required Skill Pro trainings are missing from the policy (Suicide Prevention parts 1 and 2, Human Trafficking 101, and Sexual Harassment)
- The new staff training plan indicates completion of program orientation topics, but the documentation was not found in the training records for the two new hires.
- Two new staff member training files reviewed were missing Universal Precaution training due within the first 120 days of hire.

- One in-service staff did not complete the DJJ Skill Pro Suicide Prevention part 2 training, required annually, during the past training year.

All other indicators in standard one were rated satisfactory with no deficiencies.

Standard 2: Intervention and Case Management

Overview
<u>Rating Narrative</u>

MBHSC is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Broward County, Florida. The program provides centralized intake and screening during office hours Monday – Friday and accepts referrals from Broward County Schools, parents/guardians, and local community organizations. Trained staff are available to determine the needs of the family and youth. In addition to screening and assessment, case management, group education, and substance abuse prevention education is also offered. Educational group sessions are facilitated by MBHSC staff weekly at two schools, Walker and Westwood Elementary, and a mentoring program is conducted at Bethune Elementary.

The CINS/FINS program consists of two fulltime case management staff and a director of programs. The case manager's duties include: intake and assessment, development of case plans, providing case management services, and linking youth and families to community services. Aftercare planning includes referring youth to community resources, on- going counseling, and educational assistance.

MBHSC provides FYRAC services to youth referred by DJJ who have a domestic violence arrest on a household member, and/or the youth is on probation. The agency also provides SNAP services, both clinical groups and SNAP in schools. The agency is currently maintaining paper files and youth records are maintained in a neat and orderly manner.

The following indicators in standard 2 were rated satisfactory with exceptions:

- 2.07 – Youth Records: none of the 5 closed files reviewed onsite were marked "confidential" when they were transferred to a different folder for storage. Upon notification, the DJP corrected the issue and placed "confidential" stickers on the file folders.

All other indicators in standard two were rated satisfactory with no deficiencies.

Mount Bethel Human Services Corp – December 18, 2019
Lead Reviewer: Marcia Tavares

Quality Improvement Indicators	Rating: Satisfactory	Rating – Explain: Deficiency Identified	Rating – Explain: No Eligible Items For Review	Rating – Explain: No Practice	Rating – Explain: Not Applicable	Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
Standard One – Management Accountability							
1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01						☒ YES ☐ NO (explain) The provider has a policy and procedure MBHSC 1.01 that meets the requirement of the indicator and was last reviewed on August 7, 2019 and signed by the Executive Director.	No exception
RATING	☒	☐	☐	☐	☐	A total of two background screening files were reviewed for one new staff hired since the last onsite QI review and one intern/volunteer. There were no staff eligible for 5-year re-screening during the review period. The new employee was background screened and had evidence of a DJJ Clearinghouse/BSU approval prior to hire date. Similarly, the intern's background screening and eligible result was obtained prior to start date. In addition, E-verify and proof of employment authorization is on file in the employee's HR file. As evidenced by review of the Background Screening receipt list, the provider completed the Annual Affidavit of Compliance with Good Moral Character and submitted it to the Department of Juvenile Justice Background Screening Unit on January 29, 2019 prior to the January 31, 2019 deadline. The agency uses Avatar, a pre-employment assessment that uses data-driven insights to predict hiring success. The program has been using the tool since September 2018 and has established a pass rate of 70%. The tool measures cognitive ability; knowledge and skills; personality factors; behavioral history; and emotional intelligence. The Avatar was administered prior to the hiring of a new staff who received a score of 64%.	No exception

Quality Improvement Indicators	Rating	Explain				Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						It was observed that one new staff hired did not successfully pass the assessment based on a sub-score of 64%. The provider did not offer a rationale or management approval for deviation from the hiring policy.	
1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care							
Provider has a written policy and procedure that meets the requirement for Indicator 1.02						☒ YES ☐ NO (explain) The provider's policy and procedure for the provision of an Abuse Free Environment, MBHSC1.02, was reviewed and approved by the ED on August 7, 2019. MBHSC1.02 does not address the grievance process but the program has a separate un-numbered policy for grievance procedures. All other requirements of this indicator are addressed with the program's policy.	No exceptions
RATING	☒	☐	☐	☐	☐	The program has a code of conduct that prohibits the use of physical abuse, profanity, threats, intimidation, etc. New employees sign a Code of Conduct form upon hire. The program staff adheres to the program's code of conduct and no incident of staff abuse was reported since the last compliance review. Observations confirmed the program has the Florida Abuse Hotline and the Central Communications Center (CCC) telephone numbers posted throughout the facility. Interview completed with the Director of Juvenile Programs (DJP) revealed the program did not report any calls for the review period. The training files for 2 new staff reviewed demonstrate staff completed Child Abuse Reporting training. In practice there were no any grievances in the program since the last review, but the program has a grievance box in the entrance, as well as client grievances forms available, as needed. Direct care workers do not handle grievance documents as they would be deposited in the grievance box or submitted to a supervisor. The DJP is aware that grievances are to be maintained on file for a minimum of 1 year.	No exceptions

Copyright (c) Forefront Revised Aug 2019

Quality Improvement Indicators	Rating: Satisfactory	Rating (Explain): Deficiency Identified	Rating (Explain): No Eligible Items For Review	Rating (Explain): No Practice	Rating (Explain): Not Applicable	Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
1.03: Incident Reporting							
Provider has a written policy and procedure that meets the requirement for Indicator 1.03						☒ YES ☐ NO (explain) The provider's policy and procedure regarding incident reporting, MBHSC1.03, was reviewed and approved by the ED on August 7, 2019. The program's policy addressed all requirements of the indicator.	No exceptions
RATING	☐	☐	☒	☐	☐	In practice, documentation reviewed and interview completed with the DJP found there were no Central Communications Center (CCC) reportable incidents since the last program's compliance review. The CCC number was observed posted throughout the program and included in the Clients Handbook.	No exceptions
1.04: Training Requirements **Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions**							
Provider has a written policy and procedure that meets the requirement for Indicator 1.04						☐ YES ☒ NO (explain) The provider's policy and procedure regarding training requirements, MBHSC1.04, was reviewed and approved by the ED on August 7, 2019. The program's policy and procedures do not address all requirements of the indicator	MBHSC1.04 reviewed onsite does not include all the required training/time frame as required and listed below: • 3 training topics (Adolescent Development, DJJ Skill Pro Child Abuse, and Confidentiality) are listed as required during the first year instead of within the first 120 days as required by the indicator • Universal Precaution is required within the first 120 days but is not included on the provider's policy training list • 4 trainings to be completed in DJJ Skill Pro (Information Security, EEO, PREA, and Trauma Informed Care) are listed in the policy but not specified as DJJ Skill Pro trainings

Mount Bethel Human Services Corp – December 18, 2019
Lead Reviewer: Marcia Tavares

Quality Improvement Indicators	Rating: Satisfactory	Explain: Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable	Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
							• 3 required Skill Pro trainings are missing from the policy (Suicide Prevention parts 1 and 2, Human Trafficking 101, and Sexual Harassment)
RATING	☐	☒	☐	☐	☐	A total of four staff training files were reviewed for this indicator, and in three of the cases the staff members completed the required training hours within the applicable time frames, and in one case of one staff member hired on July 8, 2019 the staff member already completed seventy hours and is in the process to complete the rest of the minimum training required for the first full year of employment. All the training reviewed was provided by the Florida Network, local community resources, and local providers approved or certified to deliver training. Training documentation reviewed found the program staff completed nearly all training courses required to be completed in the first 120 days and those required in DJJ-Skill Pro Learning Management System. One in-service direct care staff file was reviewed. All but one of the mandatory annual/bi-annual training was completed and the employee has 29 hours which exceeded the 24 hours required annually. The program maintains individual training files for each employee, which include annual employee training hours tracking forms and related documentation, such as certificates, sign-in sheets, and agendas for trainings completed.	**Exception** The new staff training plan indicates completion of program orientation topics but the documentation was not found in the training records for the two new hires. Two new staff member training files reviewed were missing Universal Precaution training due within the first 120 days of hire. One in-service staff did not complete the DJJ Skill Pro Suicide Prevention part 2 training, required annually, during the past training year.
1.05: Analyzing and Reporting Information **The program collects and reviews several sources of information to identify patterns and trends. Program should have sample reports of aggregated data and committee/workgroup minutes analyzing information.**							
Provider has a written policy and procedure that meets the requirement for Indicator 1.05						☒ YES ☐ NO (explain) The agency's policy MBHSC 1.05 for analyzing and reporting data was reviewed and approved by the ED on August 7, 2019. Additional	

Mount Bethel Human Services Corp – December 18, 2019
Lead Reviewer: Marcia Tavares

Quality Improvement Indicators	Rating: Satisfactory	Explain: Deficiency Identified	Explain: No Eligible Items For Review	Explain: No Practice	Explain: Not Applicable	Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
						policies approved by the ED on August 7, 2019 include: MBHSC 3.02-Data Entry into NetMIS and JJIS; MBHSC 4.01-Quality Improvement Plan; and MBHSC 4.02-Risk Management. The program's policies and procedures addressed all requirements of the indicator.	
RATING	☒	☐	☐	☐	☐	MBHSC CINS/FINS Program will complete reports of aggregated data and analysis of targeted program information. The outcomes of the data analysis will serve as a means of process improvement and serve as a method of revising procedures, training conducted or corrective action implemented where appropriate. Review of external regulatory reports will further reflect compliance and/or corrective action implemented where appropriate. The provider has a designated Data Integrity Officer whose responsibility includes monitoring electronic data systems to ensure timely and accurate data is entered for clients and services provided into NetMIS and JJIS. Peer record reviews are conducted at least quarterly by the program staff as evidenced by case file review forms as follows in 2019: July (6 files), August (4 files), September (7 files), October (7 files), and December (12 files). A copy of the case file review form for each file is maintained in the file. During the review period, the provider did not have any reportable incidents, accidents, or grievances. As required by the program's policy and procedures, there is evidence that there is relevant discussion of this item at the monthly staff meetings and it is included on the meeting agendas. Consumer surveys are distributed upon discharge from the program and entered into Netmis by the assigned staff. The results are tallied and presented at monthly staff meetings. The December 16, 2019 staff meeting indicated 21 client satisfaction surveys were reviewed for the months of November and December 2019.	No exceptions

Mount Bethel Human Services Corp – December 18, 2019
Lead Reviewer: Marcia Tavares

Quality Improvement Indicators	Rating	Explain				Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						The executive director receives monthly benchmark reports from the Florida Network which shows the program's performance in relation to program outcomes. The reports are emailed to the DJP who reviews them monthly at staff meetings; staff meeting minutes reviewed supported this practice. Netmis data is emailed to the DJP and reviewed with program staff during the monthly staff meetings.	
1.06: Client Transportation **Policy is established to avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth.**							
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						☐ YES ☐ NO (Explain) ☒ N/A	
RATING	☐	☐	☐	☐	☒	N/A This indicator is not applicable for non-residential programs.	**N/A**
1.07: Outreach Services **The agency participates in local DJJ board and council meetings to increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services and ensure CINS/FINS services are represented in a coordinated approach.**							
Provider has a written policy and procedure that meets the requirement for Indicator 1.07						☒ YES ☐ NO (explain) The provider's policy and procedure for the provision of outreach services, MBHSC1.07, was reviewed and approved by the ED on August 7. 2019. The program's policy meets the requirements of this key indicator.	No exceptions
RATING	☒	☐	☐	☐	☐	The provider's policy and procedure for the provision of outreach services, MBHSC1.07, was reviewed and approved by the ED on August 7. 2019. The program's policy meet the requirements of this key indicator. In practice, observations, documentation reviewed, and staff interviews it was confirmed the program consistently and actively participate	No exceptions

Mount Bethel Human Services Corp – December 18, 2019
Lead Reviewer: Marcia Tavares

	Rating						
		Explain					
Quality Improvement Indicators	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable	Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
						monthly in local DJJ board and council meetings. The program has a strong community impact by offering community awareness, information and educational services to youth and families. The program has an outreach coordinator that provide services to the community, individuals and groups, distribute materials at community events, school presentations, conduct tours of facilities, and participate in media events. The program also has memorandums of agreement with the Community Based Connections, and the O.K.A.Y. Institute, Inc. that enhance the services provided by the program.	

Mount Bethel Human Services Corp – December 18, 2019
Lead Reviewer: Marcia Tavares

STANDARD 2: INTERVENTION AND CASE MANAGEMENT

Quality Improvement Indicators	Rating: Satisfactory	Rating: Explain: Deficiency Identified	Rating: Explain: No Eligible Items For Review	Rating: Explain: No Practice	Rating: Explain: Not Applicable	Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
Standard Two – Intervention and Case Management							
2.01: Screening and Intake							
Provider has a written policy and procedure that meets the requirement for Indicator 2.01						☒ YES ☐ NO (explain) The provider's policy and procedure for Screening and Intake MBHSC 2.01 was last reviewed on August 7, 2019 and was approved by the ED. All requirements of this indicator are addressed with this policy.	No exceptions
RATING	☒	☐	☐	☐	☐	A total of 5 closed and 5 open non-residential files were reviewed. All ten files contained screenings that were completed within 7 calendar days of the referral and were completed upon admission to the program. All ten files contained a signed document stating that parents and guardians receive the non-residential handbook, as well as the CINS/FINS brochure, which includes information for parents and youth regarding available service options, rights and responsibilities of youth and parent, parent/guardian brochure, possible actions through CINS/FINS Services, and grievance procedure.	No exceptions
2.02: Needs Assessment							
Provider has a written policy and procedure that meets the requirement for Indicator 2.02						☒ YES ☐ NO (explain) The provider's policy and procedure for Needs Assessment MBHSC 2.02 was last reviewed on August 7, 2019 and was approved by the ED. All requirements in this indicator are addressed with this policy.	No exceptions
RATING	☒	☐	☐	☐	☐	A total of 5 closed and 5 open non-residential files were reviewed. In all 10 files, the needs assessment was initiated within 72 hours of admission. All 10 needs assessments were completed within 2 to 3 face to face contacts after initial intake.	No exceptions

Copyright (c) Forefront Revised Aug 2019

Mount Bethel Human Services Corp – December 18, 2019
Lead Reviewer: Marcia Tavares

Quality Improvement Indicators	Rating: Satisfactory	Rating (Explain): Deficiency Identified	Rating (Explain): No Eligible Items For Review	Rating (Explain): No Practice	Rating (Explain): Not Applicable	Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
						All 10 needs assessments were conducted by a Bachelor or Master's level staff member. In addition, all 10 need assessments included supervisor review signatures upon completion. Based on the Needs Assessment there were no youth placed on an elevated risk of suicide.	
2.03 Case/Service Plan							
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						☒ YES ☐ NO (explain) The provider's policy and procedure for Case/Service Plan MBHSC 2.03 was last reviewed on August 7, 2019 and was approved by ED. All requirements of this indicator are addressed with this policy.	No exceptions
RATING	☒	☐	☐	☐	☐	A total of 5 closed and 5 open non-residential files were reviewed. In all 10 files reviewed the case plans were developed and implemented on the same day of intake. Each case/service plan included individualized and prioritized needs and goals identified by the need's assessment. The created case plans also included service type, frequency, location, persons responsible, target dates for completion, and signatures of youth, parent/guardian, counselor and supervisor. In addition, the date the plan was initiated was included in all 10 cases and were reviewed for progress by counselor and youth/parent every 30 days for the first 3 months and every 6 months afterwards.	No exceptions
2.04: Case Management and Service Delivery							
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						☒ YES ☐ NO (explain) The provider's policy and procedure for the Case Management and Service Delivery MBHSC 2.04, was last reviewed on August 7, 2019 and was approved by the ED. All requirements of this indicator are addressed with this policy.	No exceptions

Copyright (c) Forefront Revised Aug 2019

Mount Bethel Human Services Corp – December 18, 2019
Lead Reviewer: Marcia Tavares

Quality Improvement Indicators	Rating					Review Based Upon	Notes
		Explain					
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable	Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
RATING	☒	☐	☐	☐	☐	A total of 5 closed and 5 open non-residential files were reviewed. In each of the files reviewed there was an assigned case manager. Within each of the files there was clear evidence that referrals were made for the youth and family based on needs that were identified in both the needs assessment and the initial screening. Counselors assisted in coordinating service plan implementation, monitored the youth's family progress through progress notes and provided support for families. Families were referred for additional services when appropriate. Agency provided case monitoring, termination notes and 30 and 60 day follow ups. In all of the 10 files reviewed there was not a need to monitor out of home placement or refer cases to the case staffing committee.	No exceptions
2.05: Counseling Services							
Provider has a written policy and procedure that meets the requirement for Indicator 2.05						☒ YES ☐ NO (explain) The provider's policy and procedure for Counseling Services, MBHSC 2.05, was last reviewed on August 7, 2019 and was approved by the ED. All requirements of this indicator are addressed with this policy.	No exceptions
RATING	☒	☐	☐	☐	☐	A total of 5 closed and 5 open non-residential files were reviewed. In all 10 files there were needs assessments, case/service plan, service plan follow-ups, case management and follow ups notes, ongoing internal process that demonstrated reviews of case records and staff performance, and ongoing evidence that youth and families are receiving services and referrals based on needs assessments. Youth assessed as needing counseling services were referred for counseling.	No exceptions
2.06: Adjudication/Petition Process							
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						☒ YES ☐ NO (explain) The provider's policy and procedure for Adjudication/Petition Process, MBHSC 2.06, was last reviewed on August 7, 2019 and was	No exceptions

Copyright (c) Forefront Revised Aug 2019

Mount Bethel Human Services Corp – December 18, 2019
Lead Reviewer: Marcia Tavares

Quality Improvement Indicators	Rating: Satisfactory	Rating (Explain): Deficiency Identified	Rating (Explain): No Eligible Items For Review	Rating (Explain): No Practice	Rating (Explain): Not Applicable	Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
						approved by the ED. All requirements of this indicator are addressed with this policy.	
RATING	☐	☐	☒	☐	☐	Interview completed with the DJP revealed the program has not had any case staffing committee meeting during the review period; however, the program has an established case staffing committee and regular communication with committee members, as well as an internal procedure for the case staffing process, including a schedule for committee meetings.	No exceptions
2.07: Youth Records							
Provider has a written policy and procedure that meets the requirement for Indicator 2.07						☒ YES ☐ NO (explain) The provider's policy and procedure for Youth Records, MBHSC 2.07, was last reviewed on August 7, 2019 and was approved by the ED. All requirements of this indicator are addressed with this policy.	No exceptions
RATING	☐	☒	☐	☐	☐	A total of 5 closed and 5 open non-residential files were reviewed. All 5 open records were marked "Confidential" and kept in a secure file cabinet marked "Confidential", which is accessible only to the program staff. Youth records are maintained in a neat and orderly manner so that staff can quickly and easily access information. None of the 5 closed files reviewed onsite were marked "confidential" when they were transferred to a different folder for storage. Closed files are stored onsite in a CINS/FINS locked filing cabinet located in the adjacent storage facility. The storage is locked and only accessible to designated staff. The case managers have locked file cabinets for secure storage of active files/documents. The program also has an opaque box for the transport of youth records. The box is marked confidential and is equipped with a lock.	**Exception** None of the 5 closed files reviewed onsite were marked "confidential" when they were transferred to a different folder for storage. Upon notification, the DJP corrected the issue and placed "confidential" stickers on the file folders.
2.08: Sexual Orientation, Gender Identity, Gender Expression							

Mount Bethel Human Services Corp – December 18, 2019
Lead Reviewer: Marcia Tavares

Quality Improvement Indicators	Rating: Satisfactory	Rating (Explain): Deficiency Identified	Rating (Explain): No Eligible Items For Review	Rating (Explain): No Practice	Rating (Explain): Not Applicable	Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
Provider has a written policy and procedure that meets the requirement for Indicator 2.08						☒ YES ☐ NO (explain) The provider's policy and procedure regarding Sexual Orientation, Gender Identity, and Gender Expression, MBHSC2.08, was reviewed and approved by the ED on August 7, 2019. The policy addressed the requirements of this indicator and includes a glossary of applicable terminology.	No exceptions
RATING	☒	☐	☐	☐	☐	In practice, documentation reviewed and interviews with the program's director revealed there has not been any active or closed files applicable to this key indicator since the last compliance review. Training documentation reviewed confirmed program staff received annual training on this policy to ensure all staff, volunteer, or intern provide respectful, supportive and safe services to all youth and no engaging in any form of discrimination or harassment of youth based upon their actual or perceived sexual orientation, gender identity or gender expression. During a tour of the facility, "safe zone" rainbow flags were posted throughout the facility in the lobby, all of the common areas indicating all youth are welcome and should feel safe regardless of sexual orientation, gender identity, and gender expression.	No exceptions
2.09: Special Populations							
Provider has a written policy and procedure that meets the requirement for Indicator 2.09						☒ YES ☐ NO (explain) The provider's policy and procedure regarding FYRAC, MBHSC 4.121 was reviewed and approved by the ED on August 7, 2019. The policy addressed the requirements of this indicator.	No exceptions
RATING	☒	☐	☐	☐	☐	MBHSC is a non-residential program that provides services to special populations who meet the criteria for Family/Youth Respite Aftercare Services (FYRAC). A review of 4 applicable FYRAC cases for 2 open and 2 closed youth was conducted. In all 4 cases, the youth were referred by the DJJ probation officer. Approval by the FN was submitted and obtained by	No exceptions

Copyright (c) Forefront Revised Aug 2019

Quality Improvement Indicators	Rating: Satisfactory	Rating (Explain): Deficiency Identified	Rating (Explain): No Eligible Items For Review	Rating (Explain): No Practice	Rating (Explain): Not Applicable	Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
						the program for all 4 youth. The initial and intake assessment was a face-to-face session and met the criteria of the indicator in the 4 cases, including gathering of family history and demographic information. All 4 records reviewed had evidence of the development of an individual service plan; however, the case plans appeared identical in all 4 files reviewed and not based on specific needs/issues identified. The service plan included goals for development of coping skills and dealing with anger and life management sessions were held face-to-face with the youth/family for at least 60 minutes. The 2 closed cases were in service for more than 90 consecutive days but the youth were discharged for non-participation and did not complete the 13 sessions required. Emails were sent to the probation case worker regarding reason for case closure. One active youth interviewed verified weekly attendance to 1-hour sessions and indicated goals include anger management, communication, and coping skills. Youth stated the program has helped him to be a better person.	
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement for Indicator 2.10						☒ YES ☐ NO (explain) The provider's policy and procedure for SNAP, # 4.15 - # 4.19, were reviewed and approved by the ED on August 7, 2019. The policies addressed the requirements of this indicator.	No exceptions
RATING	☒	☐	☐	☐	☐	There were 5 closed SNAP clinical group youth files reviewed. All 5 files documented the youth were screened to determine eligibility using the NETMIS screening form and the SNAP Brief Intake screening form. There was a signed consent form in each file signed by the parent/guardian prior to receiving services. A needs assessment was completed at intake in each file. All 5 files had	No exceptions

Copyright (c) Forefront Revised Aug 2019

Mount Bethel Human Services Corp – December 18, 2019
Lead Reviewer: Marcia Tavares

	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
		Explain					
Quality Improvement Indicators	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						completed pre-CBCLs completed at intake and post-CBCLs completed at discharge. A pre/post Teacher Report Form (TRF) was completed in all of the files at intake and discharge. EARL assessments were completed at intake and discharge for each youth as well as PAT assessments. Finally, all 5 files included a completed SNAP Discharge Report Summary. One SNAP in Schools session was reviewed. The group documented weekly attendance sheets with the youths' names and signatures of the teacher and SNAP facilitator for all thirteen sessions. A Class Shoot for Your Goal sheet was also completed. Pre and post evaluations are completed for the youth participants and also the teacher. One Fidelity Adherence Checklist was completed for the session.	